Foster Family Home - Corrective Action Report

Provider ID:

1-511198

Home Name:

Juanita Naone, CNA

Review ID:

1-511198-3

2020 Puna Street

Reviewer:

Honolulu

HI 96817

Begin Date:

8/20/2015

End Date: 8/20/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review made on 8/20/15. Corrective Action Report issued during home visit with all items due to CTA by 9/20/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2)- Second year(2014)APS/CAN not done until 1/6/15 for CG #1, CG #2, HHM #1, and HHM #2(first APS/CAN done on 2/18/13).

Compliance Manager

Primary Care Giver

Data

8/20/15

Date

8/20/2015 15:52 PM

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7.1. (a) (2) I showed CTA my current APS/CAN for CG#1, CG#2, HHM#1, and HHM#2 on the day of my recertification (8/20/15).

I will make a list of all items with expiration dates (CPR, BBP, APS/CAN) and place it in the front of my CTA binder and review every month.

Quanity In Primary Caregiver Date